POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	O.B.		12-11-0
O.I.P.E. CLASSIFIER		32	7/18
FORMALITY REVIEW		SC 825	04/21/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim			Date				
Final	Original						
1	✓	✓	✓	✓			
2	✓	✓	✓	✓			
3	✓	✓	✓	✓			
4	✓	✓	✓	✓			
5	✓	✓	✓	✓			
6	✓	✓	✓	✓			
7	✓	✓	✓	✓			
8	✓	✓	✓	✓			
9	✓	✓	✓	✓			
10	✓	✓	✓	✓			
11	✓	✓	✓	✓			
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45	✓	✓	✓	✓			
46	✓	✓	✓	✓			
47			✓	✓			
48			✓	✓			
49			✓	✓			
50			✓	✓			

Claim	Date						
Final / Original							
51	✓	✓					
52	✓	✓					
53		✓					
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Claim	Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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